

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-029033

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 1725 Primary Registration District No. 3034 Registrar's No. 41

FILED JUL 17 1963

1. PLACE OF DEATH

a. COUNTY

LAFAYETTE

b. CITY (If outside corporate limits, give TOWNSHIP only)

HIGGINSVILLE

Length of stay in lb

44 yrs.

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION

Inside Limits
Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri

b. COUNTY Lafayette

c. CITY OR TOWN

HIGGINSVILLE

Inside Limits
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)
1112 MAIN

Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED
(Type or print)

First Middle Last
Blythe Raymond Adams

4. DATE OF DEATH

Month Day Year
7 3 1963

5. SEX

MALE

6. COLOR OR RACE

WHITE

7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH

7/7/1896

9. AGE (last birthday)

66

IF UNDER 1 YEAR
Months Days Hours Min.
IF UNDER 24 HR

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

DENTISTRY

10b. KIND OF BUSINESS OR INDUSTRY

BIRTHPLACE (City and state or country)

DRESDEN, MISSOURI

12. CITIZEN OF WHAT COUNTRY

U. S. A.

13a. FATHER'S NAME

SAM ADAMS

13b. MOTHER'S MAIDEN NAME

BETTIE Blythe

14. NAME OF HUSBAND OR WIFE

MARGARET ADAMS

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give year or dates of service)

YES W.W.I.

16. SOCIAL SECURITY NO.

494-40-4646

17. INFORMANT

MRS. MARGARET ADAMS, HIGGINSVILLE, MO

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Bronchogenic Carcinoma left lung

INTERVAL BETWEEN ONSET AND DEATH

11 months

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Extensive metastases in to chest wall and diaphragm

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 1955 to 7-3-63 and last saw him alive on 7-3-63
Death occurred at 4:40 AM m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Wilbur E. Fulkerson M.D.

22b. ADDRESS

Higginsville Mo

22c. DATE SIGNED

7-8-63

23a. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

23b. DATE

7/5/1963

23c. NAME OF CEMETERY OR CREMATORY

CITY CEMETERY

23d. LOCATION (City, town, or county)

HIGGINSVILLE, MISSOURI

(State)

24. FUNERAL DIRECTOR

ADDRESS

WIEGERS-RICKHOFF, HIGGINSVILLE, MO

25. DATE REGD. BY LOCAL REG.

July 10. 63

26. REGISTRAR'S SIGNATURE

Lutie Gordon Jordan

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

DATE AMENDED

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JUL 18 1968

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer _____

Signed

Donald R. Wiggins

Licensed Embalmer No.

5712

P. O. Address

Higginsville, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.